



# State of New Hampshire 2011 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/11/2011

Business ID: 279469

William M. Gardner

Secretary of State

ALL JAPANESE IMPORTED AUTO SERVICE INCORPORATED

PO BOX 64  
SANDOWN, NH 03873

## ADDRESS OF PRINCIPAL OFFICE:

351 MAIN STREET  
SANDOWN, NH 03873

## REGISTERED AGENT AND OFFICE:

NICKERSON, ROBERT D  
171 MAIN ST , PO BOX 375  
SANDOWN, NH 03873

ENTITY TYPE: CORPORATION

BUSINESS ID: 279469

STATE OF DOMICILE: NEW HAMPSHIRE

GENERAL AUTOMOTIVE REPAIRS; USED AUTOMOBILE SALES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Robert Douglas Nickerson

STREET 171 Main Street  
Po Box 375

CITY/STATE/ZIP Sandown Nh 03873

V-PRES. Jesse Aaron Nickerson

STREET 25 Little Mill Road

CITY/STATE/ZIP Sandown Nh 03873

SEC'Y. Jesse Aaron Nickerson

STREET 25 Little Mill Road

CITY/STATE/ZIP Sandown Nh 03873

NAME .....

STREET .....

CITY/STATE/ZIP .....

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Jesse Aaron Nickerson

STREET 25 Little Mill Road

CITY/STATE/ZIP Sandown Nh 03873

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Jesse Aaron Nickerson

Please print name and title of signer:

Jesse Aaron Nickerson

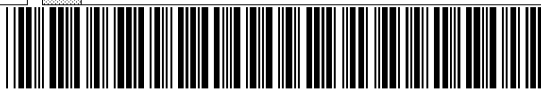
/ VICE PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



027946920111002

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529